

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034889

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 360 Primary Registration District No. 6224 Registrar's No. 163

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) Center		c. CITY OR TOWN Nevada	
Length of stay in 1b 2 weeks		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R #3		d. STREET ADDRESS (If outside, give location) R #3	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Calvin Lee Woolridge			
4. DATE OF DEATH Month Day Year 8 19 63			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/23/48
9. AGE (last birthday) 15		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (City and state or country) Sheldon, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Wilbur Woolridge		13b. MOTHER'S MAIDEN NAME Edith J. Smith	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Edith Smith,		17. INFORMANT Address Nevada, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gunshot wound Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) was handling a loaded 12 guage shotgun 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 10:30 a. 8-19-1963 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ina farm home 20f. CITY, TOWN, OR LOCATION Nevada, Missouri, Rt. 3, Vernon County 21. I attended the deceased from _____, to _____ never saw him alive on August 19, 1963 Death occurred at 10:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) Coroner 22b. ADDRESS Vernon County, Missouri 22c. DATE SIGNED 8-20-1963 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8/20/63 23c. NAME OF CEMETERY OR CREMATORY St. James Cemetery 23d. LOCATION (City, town, or county) Sheldon, Mo. 24. FUNERAL DIRECTOR Richard L. Morten, Nevada, Mo. 25. DATE RECD. BY LOCAL REG. 8-20-1963 26. REGISTRAR'S SIGNATURE Anna E. Perry			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
Licensed Embalmer No. 4853

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.